MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93c)

Reg. Dist. No. 130

CERTIFICATE OF DEATH

10007

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Lime Kiln (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 60yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Lime Kiln (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Emma Elsworth Baker

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Henry Baker

6. (c) If alive, give age: 79 years

7. Birth date of deceased (mo., day, yr.): Sept. 26, 1863

8. AGE: Years: 76 Months: 0 Days: 14 If less than one day: ____ hr. ____ min.

9. Birthplace: Nr. Frederick, Maryland (Town, county, and state)

10. Usual occupation: House-wife

11. Industry or business

FATHER

12. Name: Henry Mossburg

13. Birthplace: Frederick County Maryland

MOTHER

14. Maiden Name: Dorcus Ellen Keller

15. Birthplace: Frederick County Maryland

16 (a) Informant: Mr. Henry Baker

(b) Address: Lime Kiln, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/39 (month) (day) (year)

(c) Cemetery or crematory: Mt. Olivet Cemetery

Location: Frederick, Maryland

18 (a) Funeral director: M. R. Etchison & Son

(b) Address: Frederick, Maryland

19 (a) Oct 12 1939 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death: October 10, 1939 at 4:55A M

21. I certify that death occurred on the date above stated, that I attended deceased from July 1 1939, to Oct 10 1939, and that I last saw him alive on Oct. 9 1939.

Immediate cause of death: Acute dilatation of heart — Duration: 2 days

Due to: Chronic myocarditis

Due to: ____

Other conditions: ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ____

Of autopsy: ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide: ____

(b) Date of occurrence: ____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ____

(e) Means of injury: ____

23. Signature: W. M. Smith M.D. (M. D. or other)

Address: Frederick, Md. Date signed: Oct. 10-39.

VED
NOV 3 1939
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10008

Reg. Diat. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: State Sanatorium
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 11 mo. 29 days

Stay in this community (yrs., or mos., or days): 11 mo. 29 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1722 Asquith Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John Russell Bavis

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife: Gertrude Welling

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Aug. 20, 1905

8. AGE:

Years	Months	Days	If less than one day
34	2	10	____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Painter

11. Industry or business:

FATHER
12. Name: William J. Bavis
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Mary E. Stevenson
15. Birthplace: Baltimore, Md.

16. Informant: John Russell Bavis
Address: Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 2, 1939 (month) (day) (year)

Cemetery or crematory: New Cathedral

Location: Baltimore, Md.

18. Funeral director: M. L. Creager
Address: Thurmont, Md.

19. 10/30/39 (Date rec'd by registrar) 19____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 30 1939, at 4:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 31 1938, to October 30 1939.

and that I last saw him alive on October 29 1939.

Immediate cause of death	DURATION
Pulmonary tuberculosis	14 mos.
Due to Tubercle bacilli	
Due to	
Other conditions Tuberculous laryngitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Stewart S. Shaffer M.D.
M. D. or other

Address: State Sanatorium, Md. Date signed: 10/30/39

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NOV 4 1959
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

10009

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (92-a)

County Frederick Registration Dist. No. 141

Village or City Near Burkettsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Charles Samuel Bear If U. S. Veteran, specify WAR None

(a) Residence: No. Near Burkettsville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Fink

6. DATE OF BIRTH (month, day, and year): May 26th 1858

7. AGE: Years 81 | Months 4 | Days 11 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 1929

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: William Bear

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Mary A Sagel

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): J W Bear Brunswick Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Burkettsville Md Date: Oct 9, 1939

19. UNDERTAKER (Address): C H Fute & Bro Brunswick Md

20. FILED: Oct 8, 1939 Wm H S. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 7 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 1939, to Sep 30, 1939

I last saw h[illegible] alive on Sep 1, 19___; death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	

Other Contributory Causes of Importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) William Shumaker & M. D.

(Address) Pleasant Way Brunswick

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS OF

10010

Reg. Dist. No. 141

1. PLACE OF DEATH:
County: Frederick
City or town: Brunswick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: West Va. County: Jefferson
City or town: Bolivar Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Herbert William Benjamin

3. (b) Social Security Number: 705-12-3553

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Sadie Elizabeth Benjamin
6(c) If alive, give age: 41 years
7. Birth date of deceased (mo., day, yr.): June 9, 1884
8. AGE: Years 55 Months 3 Days 26 If less than one day ___ hrs. ___ min.
9. Birthplace: Loudoun County, Va. (Town, county, and state)
10. Usual occupation: Car Repairman
11. Industry or business: B. & O. Railroad
FATHER 12. Name: Edward Sanderson Benjamin
13. Birthplace: Loudoun County, Va.
MOTHER 14. Maiden name: Marietta Hardy
15. Birthplace: Loudoun County, Va.
16. Informant: Mrs. Herbert Benjamin
Address: Bolivar, West Va.
17. Removal Date thereof: October 4, 1939
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory: Luthern
Location: Bolivar, West Va.
18. Funeral director: J. T. Eackles
Address: Bolivar, West Va.
19. Oct 4 1939 Mrs. H. S. Hedges
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 4, 1939, at ___ M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19__, to ___ 19__,
and that I last saw h___ alive on ___ 19__
Immediate cause of death: Coronary occlusion? Fell dead while waiting.
Due to: Several persons saw
Due to: him ... to him
Other conditions: ... him dead
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ___ Date of ___
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ___ Injured at work?

23. SIGNATURE: Levie West M. D. or other
Address: Brunswick Md. Date signed: Oct 4 39

RECEIVED
NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 131

CERTIFICATE OF DEATH

10011

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in this community (yrs., mos., or days) 35yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 W. Twelfth (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Charlotte Bruce Biehl

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: Married

6 (b) Name of husband or ~~wife~~: J. C. Biehl

6. (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1878

8. AGE: Years 60 | Months 9 | Days 25 | If less than one day: _____ hr. _____ min.

9. Birthplace Thurmont, Maryland (Town, county, and state)

10. Usual occupation House-wife

11. Industry or business

FATHER
12. Name Jeremiah Whitmore
13. Birthplace Nr. Woodsboro, Maryland

MOTHER
14. Maiden Name Catherine Fox
15. Birthplace Nr. Woodsboro, Maryland

16 (a) Informant Mr. J. C. Biehl
(b) Address 5 W. 12th St., Fred'k, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/6/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 5-Oct-1939 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death October 3, 1939, at 4:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 27 1939, to Oct 3 1939 and that I last saw ~~him~~ alive on Oct 3 1939.

Immediate cause of death	Duration
Cerebral Haemorrhage	6 hrs
Due to Malignant Hypertension	yrs
Due to Apoplexy	
Other conditions Chronic Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Austin Deane M.D. M. D. or other

Address Frederick, Md. Date signed 10/4/39

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NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10012

Reg. Dist. No. 159

1. PLACE OF DEATH:

County: Frederick

City or town: State Sanatorium

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 4 days

Stay in this community (yrs., or mos., or days): 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Annapolis Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 87 Prince George Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Fred W. Brown

3. (b) Social Security Number: Yes---Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): August 15, 1874

8. AGE:

Years	Months	Days	If less than one day
65	2	15	____ hrs. ____ min.

9. Birthplace: Annapolis, Maryland (Town, county, and state)

10. Usual occupation: Night watchman

11. Industry or business

FATHER — 12. Name: William H. Brown

13. Birthplace: Germany

MOTHER — 14. Maiden name: Mary Stallins (?)

15. Birthplace: Annapolis, Maryland

16. Informant: Fred W. Brown

Address: Annapolis, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Unknown (month) (day) (year)

Cemetery or crematory: Unknown

Location: Annapolis, Md.

18. Funeral director: M. L. Creager

Address: Thurmont, Md.

19. 10/29/39 (Date rec'd by registrar) 19____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 30 19 39, at 5:00 a. m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 26 19 39, to October 30 19 39, and that I last saw him alive on October 29 19 39.

Immediate cause of death	DURATION
Pulmonary tuberculosis	8 mos.
Due to: Tubercle bacilli	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: Stewart S. Shaffer M.D. M. D. or other

Address: State Sanatorium, Md. Date signed: 10/30/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 130

10013

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Doubs in a field at Town limits (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 47yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Doubs (If outside city or town limits, write RURAL and give town)

(d) Street No. Rural, Doubs, Md. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Joseph Johnson Brown

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Rebecca Hoffman

6. (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1891

8. AGE: Years 47 | Months 10 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Doubs, Fred., Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name Joseph Mc. Brown.

13. Birthplace Doubs, Md.

MOTHER

14. Maiden Name Annie Schrpeder,

15. Birthplace Doubs, Md.

16 (a) Informant Mrs. J. J. Brown,

(b) Address Doubs, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 29, 39 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) Oct 29 1939 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 27, 1939, at 9.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him ~~alive~~ dead on 10.27.19.39.

Immediate cause of death	Duration
Rheumatic heart disease	30 yrs
Due to	
Due to Cerebral embolus	immediate
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? dead (City or town) (County) (State)

(d) Did ~~injury~~ occur about home, on farm, industrial place, in public place? Farm (Specify type of place) While at work? yes

(e) Means of injury

23. Signature P W Barr Dept. Med Cy (M. D. or other)

Address Frederick, Md. Date signed 10/28/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10014

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Sabillasville (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Frederick
City or town Rural near Sabillasville
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jerious J. Brown

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Bernice McCarbaugh
6(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Oct 1 - 1891

8. AGE:

Years	Months	Days	If less than one day
48	6	19	hrs. min.

9. Birthplace Mt Zion Md
(Town, county, and state)
10. Usual occupation Truck driver
11. Industry or business Employee Md State Sanitorium

FATHER
12. Name Victor Brown
13. Birthplace Mt Zion Md

MOTHER
14. Maiden name Margaret Himes
15. Birthplace Mt Zion Md

16. Informant Mrs Arthur T. Morehead
Address Sabillasville Md

17. Burial (Burial, cremation, or removal) Which?) Date thereof Oct. 23 - 1939 (month) (day) (year)
Cemetery or crematory Cemetery
Location Bethel near Cascade

18. Funeral director M. L. Creager Son
Address Thurmont, Md

19. 10/23 1939 (Date rec'd by registrar) C. C. Shields Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 1939, at 1205 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-10 1939 to 10-20 1939 and that I last saw h[illegible] alive on 4-19- 1939.

Immediate cause of death Apoplexy
Due to Cerebral Embolism
Due to
Other conditions
(Include pregnancy within 3 months of death)

DURATION

Major findings:
Of operations
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. L. Bridges M. D. or other
Address Blue Ridge Summit Pa Date signed 10/24/39

RECEIVED
NOV 4 1929
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94?)

Reg. Dist. No. 131

10015

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in this community (yrs., mos., or days) 50yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 E. South
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Charles Edward Nelson Bussard

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) November 3, 1866

8. AGE: Years 72 | Months 11 | Days 28 | If less than one day _____ hr. _____ min.

9. Birthplace Nr. Jefferson, Maryland
(Town, county, and state)

10. Usual occupation Auctioneer

11. Industry or business

FATHER
12. Name John Bussard
13. Birthplace Middletown, Maryland

MOTHER
14. Maiden Name Elizabeth Himes
15. Birthplace Shookstown, Maryland

16 (a) Informant Miss Katie A. Bussard
(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation~~ or removal) (b) Date thereof 11/3/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Lutheran Cemetery
Location Middletown, Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 3-Nov-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death October 31, 1939 at 6:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25 1939, to Oct 31 1939, and that I last saw him alive on Oct 31 1939.

Immediate cause of death	Duration
Coronary Occlusion	3 hours
Due to	
Due to	
Other conditions Hypertrophied Prostate	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence —
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature E. P. Thomas M. D. or other

Address Frederick, Maryland Date signed 10/31/39

RECEIVED
NOV 6 1939
BUREAU, Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94-b)

CERTIFICATE OF DEATH

10016

Reg. Dist. No. 132

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Middletown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Frederick

City or town: Middletown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Florence Rebecca Bussard

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: John W. Bussard

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1857 March 14.

8. AGE: Years	Months	Days	If less than one day
82	6	28	hrs. min.

9. Birthplace: Myersville, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: Ennis Poffenberger

13. Birthplace: Myersville, Md.

MOTHER 14. Maiden name: Sarah C. Gladhill

15. Birthplace: W. Sabillesville, Md.

16. Informant: Roy Bussard

Address: Middletown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 14, 39 (month) (day) (year)

Cemetery or crematory: Lutheran Cemetery

Location: Middletown, Md.

18. Funeral director: Gladhill Company

Address: Middletown, Md.

19. Oct. 14 1939 (Date rec'd by registrar) D. Grayson Sanner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 12 1939, at about 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__, and that I last saw h[illegible] alive on ____ 19__.

Immediate cause of death: Suddenly

	DURATION
Probably Coronary Occlusion	Suddenly.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: None.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. Elmer Hart M.D.
M. D. or other

Address: Middletown Date signed Oct 16 39

CEIVED
NOV 6 1939
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (75) (CB) Reg. Dist. No. 131

CERTIFICATE OF DEATH

10017

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Penna (b) County ✓
(c) City or town Nazareth
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Clark

3 (b) If veteran, name war unknown
3 (c) Social Security No. unknown

4. Sex Male
5. Color or race White
6 (a) ~~Single~~, married, ~~widowed or divorced~~. Married

6 (b) Name of husband or wife Mrs. John Clark
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25 1872

8. AGE: Years 67 Months 1 Days 23 If less than one day hr. min.

9. Birthplace New York
(Town, county, and state)
10. Usual occupation Unknown
11. Industry or business

FATHER
12. Name Clark
13. Birthplace New York

MOTHER
14. Maiden Name Eleanor Long
15. Birthplace Scotland

16 (a) Informant Miss Adelsberger Emergency
(b) Address Hospital, Frederick, Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Oct 19-1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Montrose
Location Mt. Frederick

18 (a) Funeral director Harry E. Carty Co
(b) Address Frederick

19 (a) 19-Oct (Date rec'd by registrar) (b) 39 D J Mercury Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 18 1939, at 8 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1939, to Oct 18 1939, and that I last saw him alive on Oct 18 1939.

Immediate cause of death Delerium Tremors — Duration 6 days
Due to Chronic Alcoholic — ?
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B O Thomas M. D. or other
Address Frederick, Md Date signed Oct. 19-39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

10018

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in this community (yrs., mos., or days) 40yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 18 Jefferson (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Mary Catherine Cookerly

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~. Married

6 (b) Name of husband or ~~wife~~ George W. Cookerly

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) March 12, 1881

8. **AGE:** Years 58 | Months 7 | Days 4 | If less than one day _____ hr. _____ min.

9. Birthplace Unknown (Town, county, and state)

10. Usual occupation House-wife

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace Unknown

MOTHER

14. Maiden Name Rose Foster

15. Birthplace Unknown

16 (a) Informant George W. Cookerly

(b) Address 18 Jefferson St., Fred'k, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/18/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ St. John's Catholic Cem.

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 16-Oct 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death October 16, 1939, at 11.25A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1939, to Oct 16 1939, and that I last saw her alive on Oct 16 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 wks

Due to Artero Sclerosis

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ~~[illegible]~~ (Specify type of place) While at work? —

(e) Means of injury

23. Signature E P Thomas M. D. or other

Address Frederick, Md. Date signed Oct 16

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (210-m)

Reg. Dist. No. 141

10019

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Brunswick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Brunswick Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 day

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Washington

(c) City or town Yarrowsburg (If outside city or town limits, write RURAL and give town)

(d) Street No. Rural. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Augustus Mason Coulter

3 (b) If veteran, name war None

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife Single.

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb. 21 - 1920

8. AGE: Years 19 Months 7 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Yarrowsburg Wash. Co. Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER

12. Name Edward M. Coulter

13. Birthplace Yarrowsburg Wash. Co. Md.

MOTHER

14. Maiden Name Blanche Kidwell

15. Birthplace Brunswick Fred. Co. Md.

16 (a) Informant Edward M. Coulter

(b) Address Yarrowsburg Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14 1939 (month) (day) (year)

(c) Cemetery or crematory Ch. Brethren Cemetery

Location Brownsville Md.

18 (a) Funeral director Wm. F. Bast & Son

(b) Address Boonsboro Md.

19 (a) Oct 13/39 (Date rec'd by registrar) (b) Mrs H. S. Hodgin Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 11 1939, at 11:50 AM

21. I ~~certify that death occurred on the date above stated~~; that I attended ~~deceased from~~ _____ 19____, to _____ 19____, and that I last saw him ~~alive~~ dead on Oct 11 1939.

Immediate cause of death Rupture of Liver Shock, hemorrhage — Duration 4 days

Due to _____

Due to automobile accident

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations Rupture of Liver Hemorrhage into abdominal cavity

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence Oct 8 '39.

(c) Where did injury occur? Frederick Co (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Route between [illegible] While at work? no (Specify type ~~of place~~) Brunswick

(e) Means of injury Automobile

23. Signature R. W. Barr MD, or other

Address Deputy Medical Examiner Date signed 10.11.39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-a)

Reg. Dist. No. 144

CERTIFICATE OF DEATH

10020

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Thurmont
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: West Main St
(d) Length of stay in hospital or inst. (yrs., mos., or days) X
(e) Length of stay in this community (yrs., mos., or days) X

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Thurmont (b) County Frerick
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georg J. Damuth

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex Male
5. Color or race white
6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Margaret Amelia Black Damuth
6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Sept. 11 - 1869

8. AGE: Years 70 | Months 1 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace 1 Mile north of Thurmont Md
(Town, county, and state) Frederick Co

10. Usual occupation
11. Industry or business Clerk in Dry Goods Store

FATHER
12. Name William Damuth
13. Birthplace near Thurmont Frederick Co Md

MOTHER
14. Maiden Name Rosella Pearl
15. Birthplace Thurmont Md

16 (a) Informant Margaret Damuth
(b) Address Thurmont Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 15 39 (month) (day) (year)
(c) Cemetery or crematory United Brethren
Location Thurmont Md

18 (a) Funeral director Willhide + Creeger
(b) Address Thurmont Md

19 (a) Oct. 14 - 1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 13 1939, at 4 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 12 1939, to Oct. 13 1939, and that I last saw him alive on Oct. 12 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Cerebral Arteriosclerosis	1 yr.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature James K. Gray DR. JAMES K. GRAY
M. D. or other
Address Thurmont Md. Date signed 10/13/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 3. 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C) Reg. Dist. No. 131

CERTIFICATE OF DEATH

10021

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 23 East Patrick St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 47 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 23 East Patrick (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Emma Eizabeth Darby

3 (b) If veteran, name war: none
3 (c) Social Security No.: none

4. Sex: female
5. Color or race: white
6 (a) ~~Single, married~~ widowed, or divorced: widowed
6 (b) Name of husband ~~or wife~~: Charles G. Darby
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 10 1855

8. AGE: Years 84 | Months 6 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace Libertville, Fred Co. Md (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name George H. Knouff
13. Birthplace Frederick Co

MOTHER
14. Maiden Name Alcinda C. Thomas
15. Birthplace Frederick Co

16 (a) Informant Mrs. Jesse Anders
(b) Address Frederick Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 22-1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick, Md

18 (a) Funeral director Harry E. Early Co.
(b) Address Frederick, Md.

19 (a) 19 Oct 39 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 19 1939, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended ~~deceased~~ from ____ 19____, to ____ 19____, and that I last saw ~~him~~ her alive on Oct 19 19 39

Immediate cause of death	Duration
Coronary occlusion	immediate
Due to hypertensive disease	5 years
Due to arteriosclerosis	10 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. W. Baer-Dep. M.d. Ex. (M. D. or other)
Address Frederick, Md Date signed 10-19-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

10022

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: State Sanatorium
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 4mo. 12days

(e) Length of stay in this community (yrs., mos., or days): same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County:

(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No.: 613 North Appleton Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Eva May Delcher

3 (b) If veteran, name war:

3 (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Unknown

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 13, 1897

8. **AGE:** Years: 42 | Months: 0 | Days: 6 | If less than one day: ____ hr. ____ min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business:

FATHER

12. Name: Eladio R. Crason

13. Birthplace: Havana, Cuba

MOTHER

14. Maiden Name: Rachel Gayland

15. Birthplace: Maryland

16 (a) Informant: Eva May Delcher

(b) Address: 613 Appleton St. Balto, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/23/39 (month) (day) (year)

(c) Cemetery or crematory: Baltimore National Western Cemetery

Location: Baltimore, Md.

18 (a) Funeral director: Jos. Joerdens & Sons

(b) Address: 108 W. North Ave. Balto., Md.

19 (a) 10/19/39 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death: Oct. 19 19 39, at 4:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 19 39, to Oct. 19 19 39, and that I last saw him alive on Oct. 19 19 39.

Immediate cause of death	Duration
Pulmonary tuberculosis	3 yrs.
Due to: Tubercle bacilli	
Due to:	
Other conditions: Tuberculous laryngitis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: Stewart S. Shaffer M.D. (M. D. or other)

Address: State Sanatorium, Md. Date signed: 10/19/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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OCT 27 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (46-R)

CERTIFICATE OF DEATH

10023

Reg. Dist. No. 134

1. PLACE OF DEATH:
County: Frederick
City or town: Emmitsburg R.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State ____ County ____
City or town ____ Ward No. ____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ____
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Warren G. Desilbiss

3. (b) Social Security Number: None

4. Sex: M
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife ____
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Oct 20, 1870
8. AGE: Years 69 | Months 0 | Days 0 | If less than one day ____ hrs. ____ min.
9. Birthplace: Md
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business ____
FATHER
12. Name: George Desilbiss
13. Birthplace: Md
MOTHER
14. Maiden name: Mary Deihl
15. Birthplace: Md
16. Informant: Annie M Desilbiss
Address: Emmitsburg
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 22, 1939 (month) (day) (year)
Cemetery or ~~cremetery~~: Keysville Md
Location: Keysville, Md.
18. Funeral director: Leo Fuss & Son
Address: Taneytown, Md
19. Oct 21 1939 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 20 1939, at 9:45 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1939, to Oct 20 1939, and that I last saw him alive on Oct 19 1939.
Immediate cause of death: Carcinoma Stomach
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Major findings:
Of operations ____
Of autopsy ____

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: C E Easterday M.D. M. D. or other
Address: Walkersville, Md Date signed: Oct 21, 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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STATE OF MARYLAND—CERTIFICATE OF DEATH

10024

WITHIN CORPORATE LIMITS

210-VV

1. PLACE OF DEATH

County Frederick Registration Dist. No. 141

Village or City Knoxville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James W. Devine If U. S. Veteran, specify WAR US Service 4yrs

(a) Residence: No. 111 Petersville Road St., Ward Brunswick Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 20, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farm Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Oct 1939

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James E Devine

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sara M. Mock

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Sara M Mock

(Address) Brunswick, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Knoll Cem Inc Brunswick Md Date Oct. 11, 1939

19. UNDERTAKER C H Fenton & Bro

(Address) Brunswick Md

20. FILED Oct 9, 1939 Wm H L Hodges

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 1:25A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Crushed Chest.	10-8-39
Fractured Neck	10-8-39
Fractured Right femur	10-8-39
Internal Injuries	10-8-39

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Auto Accident Date of injury 10-8, 1939

Where did injury occur? Knoxville, Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Public Highway

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Howard W. Ash M. D.

(Address) Frederick

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10025

1. PLACE OF DEATH (94B)

County Frederick Registration Dist. No. 141

Village or City Brunswick No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Leroy Duble If U. S. Veteran, specify WAR Spanish Am.

(a) Residence: No. 810 East "B" St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Teresa E. Cahill

6. DATE OF BIRTH (month, day, and year) Aug. 17, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. B. & O. R. R. Engineer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Oct 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Hesikiah Duble

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Isobel Clem

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. H. L. Duble (Address) Brunswick, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Knoxville, Md Date Oct. 26, 1939

19. UNDERTAKER C. H. Feete & Bro (Address) Brunswick, Md.

20. FILED Oct 24, 1939 Mrs H S Hedges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Oct 23, 1939, to Oct 23, 1939

I last saw him alive on Oct 23, 1939; death is said to have occurred on the date stated above, at 7:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Oct 23 39

Other Contributory Causes of Importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Shudeffer M.D.

(Address) Brunswick, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

10026

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: State Sanatorium
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6mo. 19 days

(e) Length of stay in this community (yrs., mos., or days) same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 609 North Calvert Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Nellie Z. Edson

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Richard M. Edson

6. (c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1910

8. AGE: Years	Months	Days	If less than one day
28	10	4	____ hr. ____ min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: John Griel

13. Birthplace: Baltimore, Md.

MOTHER

14. Maiden Name: Dora Green

15. Birthplace: Baltimore, Md.

16 (a) Informant: Nellie Z. Edson

(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Unknown (month) (day) (year)

(c) Cemetery or crematory: Unknown

Location: Baltimore, Md.

18 (a) Funeral director: M. L. Clinger

(b) Address: Thurmont, Md.

19 (a) 10/31/39 (Date recd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death October 29, 1939, at 7:30 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1939 to Oct. 29 1939, and that I last saw him alive on Oct. 28 1939.

Immediate cause of death	Duration
Pulmonary tuberculosis	4½ yrs.
Due to: Tubercle bacilli	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Stewart S. Shaffer M.D. (M. D. or other)

Address State Sanatorium, Md. Date signed 10/29/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94e)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

10027

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Rocky Springs Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick R. F. D. #5

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 50yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) ~~City or town~~ Rocky Springs
(If outside city or town limits, write RURAL and give town)

(d) Street No. Frederick R. F. D. #5
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Mrs. Charlotte Elizabeth Gonso

3 (b) If veteran, name war: No

3 (c) Social Security No. No

4. Sex: Female

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband or wife: John F. Gonso

6. (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) April 25, 1862

8. AGE: Years 77 | Months 5 | Days 19 | If less than one day: _____ hr. _____ min.

9. Birthplace Frederick County, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name John Christian Falk

13. Birthplace Germany

MOTHER

14. Maiden Name Malinda Stine

15. Birthplace Frederick County, Md.

16 (a) Informant Mr. John F. Gonso

(b) Address Rocky Springs, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Md.

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Md.

19 (a) 26-Oct 39 (Date rec'd by registrar) (b) J. M. Lemley Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 24 1939, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 23 1939, to Oct. 24 1939, and that I last saw him alive on Oct. 24 1939.

Immediate cause of death	Duration
Coronary Occlusion	1 day
Due to	
Due to Arteriosclerosis	
Other conditions Hypertension	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. Austin Pearre
M. D. or other

Address Frederick, Md. Date signed 10/26/39

Dr Pearse

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139 — 10028

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: State Sanatorium
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 3 mo. 13 days

Stay in this community (yrs., or mos., or days): 3 mo. 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3722 Gough Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Florence Grande

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Michael F. Grande

6(c) If alive, give age: 28 years

7. Birth date of deceased (mo., day, yr.): October 31, 1915

8. AGE: Years	Months	Days	If less than one day
24	0	0	____ hrs. ____ min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: Vincent Zelachowski

FATHER — 13. Birthplace: Poland

MOTHER — 14. Maiden name: Tillie Cichon

MOTHER — 15. Birthplace: Poland

16. Informant: Florence Grande

Address: Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 3, 1939 (month) (day) (year)

Cemetery or crematory: Holy Redeemer Cemetery

Location: Baltimore, Md.

18. Funeral director: John J. Duda

Address: 2829 Hudson St. Balto., Md.

19. 10 Dec 39 (Date rec'd by registrar) 19____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 31 1939, at 11:45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17 1939 to Oct. 31 1939, and that I last saw her alive on October 31 1939.

Immediate cause of death	DURATION
Pulmonary tuberculosis	6 mos.
Due to: Tubercle bacilli	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Stewart S. Shaffer M.D.
M. D. or other

Address: State Sanatorium, Md. Date signed: 10/31/39

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10029

1. PLACE OF DEATH

County Frederick County (50) Registration Dist. No. 141

Village or City Brunswick Md. No. 197 10th Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? 47 yrs. ? mos. ? ds.

2. FULL NAME Frances Burrows Harrison If U. S. Veteran, specify WAR .....

(a) Residence: No. 197 10th Ave - Brunswick, Md. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jasper N. Harrison

6. DATE OF BIRTH (month, day, and year): June 27, 1870 ~~Oct. 18, 1939~~

7. AGE: Years 69 | Months 3 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: X

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: 45 yrs

12. BIRTHPLACE (city or town) (State or country): ~~Good~~ Sheppardton Ontario Canada

FATHER

13. NAME: ~~Jas~~ George Burrows

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Maria McLllwain

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Jasper N. Harrison 19 N. 10th Ave Brunswick, Md

18. BURIAL, CREMATION, OR REMOVAL: Place Oak Hill Cem Brunswick Md Date Oct 21, 1939.

19. UNDERTAKER (Address): Jesse S. Darley Brunswick, Md.

20. FILED Oct 19, 1939 Wm H. S. Hedges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939, to Oct. 18, 1939

I last saw me alive on Oct 18, 1939; death is said to have occurred on the date stated above, at 11 47 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast & Lung	Jan 1939

Other Contributory Causes of importance:

Acute Myocarditis	Oct 1, '39

Name of operation Radical Removal of Breast Date of April 8, 39

What test confirmed diagnosis Microscopic Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. no injury

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Thomas Strother M. D.

(Address) Brunswick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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NOV 4 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (71)

Reg. Dist. No. 139

CERTIFICATE OF DEATH

10030

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town State Sanatorium
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) none

(e) Length of stay in this community (yrs., mos., or days) 21 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 835 South Fenwood Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Helena Matilda Herold

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John Herold

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 9, 1867

8. **AGE:** Years 72 | Months 1 | Days 26 | If less than one day ____hr. ____min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Richard Hoot

13. Birthplace Germany

MOTHER

14. Maiden Name Fredericka Dorbett

15. Birthplace Germany

16 (a) Informant Henry W. Niels

(b) Address State Sanatorium, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/39 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore, Md.

18 (a) Funeral director Leonard J. Ruck

(b) Address Baltimore, Md.

19 (a) 10/5/39 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. Date of death October 5 19 39, at 5:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 3 19 39, to Oct. 5 19 39, and that I last saw him alive on Oct. 4 19 39.

Immediate cause of death	Duration
Auricular Fibrillation & Arterio Sclerosis	6 mos.
Due to Unknown	
Due to	
Other conditions Senile Dementia	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** Stewart S. Shaffer M.D.
M.D. or other

Address State Sanatorium, Md. Date signed 10/5/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 9 1930
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10031

1. PLACE OF DEATH

County Frederick Registration Dist. No. 141

Village or City Brunswick No. Schnauffer Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mary Catherine Hightman If U. S. Veteran, specify WAR None

(a) Residence: No. Burkettsville Md St., ____ Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecil Hightman

6. DATE OF BIRTH (month, day, and year) May 10 1876

7. AGE Years 63 Months 5 Days 2 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Franklyn T House

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma F Ahalt

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Cecil Hightman Burkettsville Md.

18. BURIAL, CREMATION, OR REMOVAL Place Union Cemetery Burkettsville Md Date Oct 15, 1939

19. UNDERTAKER (Address) C. H. Fute & Bro Brunswick Md.

20. FILED Oct 18, 1939 Wm H. S. Hedges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 12 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1939, to Oct 12, 1939 I last saw her alive on Oct 12, 1939; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Thyroid Crises; meaning, thereby: Exophthalmic goitre. C.W.G.R.

Date of onset Oct 1-39

Other Contributory Causes of Importance:

Acute Myocarditis

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) William Schnauffer M.D.

(Address) Brunswick

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (BC)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

10032

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick, Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Fraganville - Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Johnson

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex: Male
5. Color or race: Col.
6 (a) Single, ~~married, widowed, or divorced.~~ Single
6 (b) Name of husband or wife
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 95? Months Days If less than one day ____hr. ____min.

9. Birthplace Charlottesville, Virginia (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business On Farm

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Miss Edelberger, Emergency
(b) Address Hospital, Frederick Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/25/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Sunnyside Cemetery
Location Nr. Adamstown, Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 24-Oct-1939 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 23 1939 at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 9 1939, to Oct 23 1939, and that I last saw him alive on Oct 23 1939

Immediate cause of death	Duration
Chronic Myocarditis	1936
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B O'Thomas (M. D. or other)
Address Frederick, Md. Date signed Oct 24-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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NOV 6 1939
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cob

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (946)

Reg. Dist. No. 14 10033

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town near Petersville
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Rural near Petersville
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 65 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED: Frederick
(a) State Md (b) County ~~near Petersville~~
(c) City or town Rural near Petersville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Clinton Kinna

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1874

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Black smith & Farming

FATHER
12. Name David W Kinna
13. Birthplace Maryland

MOTHER
14. Maiden Name Julia Anne Blessing
15. Birthplace Maryland

16 (a) Informant David Ira Kinna
(b) Address Petersville Md R F D

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4 1939 (month) (day) (year)
(c) Cemetery or crematory St Marks
Location Near Petersville Md

18 (a) Funeral director O H Fritz & Bro
(b) Address Brunswick Md

19 (a) Nov 3/39 (Date rec'd by registrar) (b) Mrs H S. Hedges Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 29 19 , at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw him alive on Nov 2 19 39

Immediate cause of death Coronary Thrombosis — Duration Immediate

Due to Arteriosclerosis — 10 years

Due to Hypertension

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. W. Baer
M. D. or other
Address Frederick Md Date signed 11.2.39

DR. P. W. BAER
DEPUTY MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

10034

Reg. Dist. No. 135

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Wolfsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick

City or town Wolfsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martha Ellen Longman

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Joshua Longman

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1855 July 18

8. AGE:

Years	Months	Days	If less than one day
84	2	20	hrs. min.

9. Birthplace Wolfsville, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Lawson Kline

13. Birthplace Wolfsville, Md.

MOTHER 14. Maiden name Susan Kesselring

15. Birthplace Wolfsville Md.

16. Informant Archie Hayes

Address Wolfsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 11, 1939 (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Wolfsville, Md.

18. Funeral director Gladhill Bro.

Address Middletown, Md.

19. Oct. 11 1939 (Date rec'd by registrar) Charles L. Leatherman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8, 1939, at 9:35 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1 1939, to Oct 8, 1939, and that I last saw her alive on October 6 1939.

	DURATION
Immediate cause of death: Chronic myocarditis	
Due to	
Due to	
Other conditions: Cerebral thrombosis	9 wks

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter L. Wolfinger M.D. or other

Address Smithsburg Date signed 10-8-39

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NOV 2 1936
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95E)

Reg. Dist. No. 131

10035

CERTIFICATE OF DEATH

1. PLACE OF DEATH

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Home For Aged

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 yrs

(e) Length of stay in this community (yrs., mos., or days) 79

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 115 Record St (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Laura M. McCaffrey

3 (b) If veteran, name war none

3 (c) Social Security No. none

4. Sex female

5. Color or race white

6 (a) ~~Single, married~~, widowed, or ~~divorced~~ widowed

6 (b) Name of husband ~~or wife~~ George McCaffrey

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 25 1852

8. AGE: Years 87 Months 4 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Frederick Co, Md (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER

12. Name Basil De Lashmutt

13. Birthplace Frederick, Co

MOTHER

14. Maiden Name Frances Eagle

15. Birthplace Frederick, Co

16 (a) Informant Miss Annie De Lashmutt

(b) Address Home For Aged, Frederick, Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/23/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet

Location Frederick, Md

18 (a) Funeral director Harry E. Carty Co

(b) Address Frederick, Md

19 (a) 21-Oct 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death October 21 1939, at 12 05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938, to Oct. 21 1939, and that I last saw her alive on Oct 21 1939.

Immediate cause of death Cardio Renal disease — Duration 10 yrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature Wm Crawford Johnson M. D. or other

Address Fredk Md Date signed 10/21/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 82-a

Reg. Dist. No. 131

CERTIFICATE OF DEATH

10036

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 240 N. Market St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 10yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 240 N. Market
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Leathy Alice Motter

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widow

6 (b) Name of husband ~~or wife~~: Joshua S. Motter

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) November 2, 1855

8. AGE: Years 83 | Months 11 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Emmitsburg, Maryland
(Town, county, and state)

10. Usual occupation House-work

11. Industry or business At Home

MOTHER FATHER

12. Name Henry Stokes

13. Birthplace Emmitsburg, Maryland

MOTHER

14. Maiden Name Mary Jane Rimbey

15. Birthplace Emmitsburg, Maryland

16 (a) Informant Miss Mary L. Motter
(b) Address 240 N. Market St., Fred'k, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/31/39 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Mountain View Cemetery
Location Emmitsburg, Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 31-Oct-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death October 28, 1939, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1939, to Oct 28 1939 and that I last saw him alive on Oct 28 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to Arteriosclerosis	
Due to Myocardial Insufficiency	6 mos
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Agustus Auer M.D.
M. D. or other

Address Frederick, Md. Date signed 10/30/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10037

1. PLACE OF DEATH (160-P)

County Frederick Registration Dist. No. 134

Village or City Nr. Emmitsburg No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Madeline May Myers If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fm	white	------

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, dey, and year) October 15, 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. ----

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.

10. Dete deceased lest worked at this occupetion (month and year)

11. Total time (yeers) spent in this occupation

12. BIRTHPLACE (city or town) Fredrick CO, Md
(State or country)

FATHER

13. NAME Francis Myers

14. BIRTHPLACE (city or town) Fredrick Co, Md
(State or country)

MOTHER

15. MAIDEN NAME Catherine Wetzell

16. BIRTHPLACE (city or town) Fredrick Co, Md.
(State or country)

17. INFORMANT Francis R Myers
(Address) Emmitsburg, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Emmitsburg, Md Date Oct 19, 1939

19. UNDERTAKER C. L. Allison
(Address) Emmitsburg, Md.

20. FILED Oct 18, 1939 M. F. Shuff
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. 17, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1939 to Oct. 17, 1939

I last saw her alive on Oct. 15, 1939; death is said to have occurred on the date stated above, at 9 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct. 17, 1939
This child was a normal delivery. (No instruments)	

Other Contributory Causes of importance:

Name of operation Date of

Whet test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupetion of deceased?

If so, specify

(Signed) Dora M. Henderson M. D.

(Address) Fairfield Pa.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119)

10038

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH:

County Frederick Co.

City or town Johnsville, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Home

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Miss Melva Jean Myers

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20-1938

8. AGE: Years 1. Months 7. Days 4. If less than one day hrs. min.

9. Birthplace Johnsville, Frederick, Co, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Ross H. Myers
13. Birthplace Frederick, Co.

MOTHER
14. Maiden name Sarah Louise Pittinger
15. Birthplace Frederick Co.

16. Informant Ross H. Myers
Address P.P. Union Bridge, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Oct 27-39
(month) (day) (year)

Cemetery or crematory Union Chapel

Location Daysville Frederick Co

18. Funeral director Raymond K. Wright
Address Union Bridge, Md.

19. Oct 25 1939 (Date rec'd by registrar) N. L. Curfman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24 1939, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 24 1939, to Oct 24 1939 and that I last saw her alive on Oct 24 1939

Immediate cause of death Acute Alveolitis

Due to Some form of Food Poisoning

Due to

Other conditions Omnibus

(Include pregnancy within 8 months of death)

Major findings:

Of operations No

Of autopsy No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J H Mason M.D.
M. D. or other

Address Johnsville Md Date signed Oct 24

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BUREAU V. S.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (Md)

Reg. Dist. No. 14 5

10039

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Myersville Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in this community (yrs., mos., or days) 75yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Myersville Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mary Ellen Palmer

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Claxton Palmer

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 75 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Myersville Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name John Stoltzmyer

FATHER 13. Birthplace Myersville, Md.

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace "

16 (a) Informant Wade Palmer

(b) Address Myersville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7 39 (month) (day) (year)

(c) Cemetery or crematory U. B. Cemetery

Location Myersville, Md.

18 (a) Funeral director Gladhill Co.

(b) Address Middletown, Md.

19 (a) Oct. 7, 1939 (Date rec'd by registrar) (b) William S. Wachtel Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 4th 1939, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Octl, 1939, to Oct. 4, 1939, and that I last saw him alive on Oct. 4, 1939.

	Duration
Immediate cause of death Acute dilatation of heart	6hrs.
Due to Chronic Myocarditis	10 yr
Due to	
Other conditions Sprained right hip due to fall (Include pregnancy within 3 months of death)	4 days

Major findings:
Of operations none
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Oct. 1 1939
(c) Where did injury occur? Frederick Co. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No.
(e) Means of injury Fall

23. Signature H. V. Staton M. D. (M. D. or other)
Address Myersville, Md. Date signed Oct. 7 1939

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10040

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (210-m)

County Frederick Registration Dist. No. 141

Village or City Knoxville P.O. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Howard S. Phillips If U. S. Veteran, specify WAR None

(a) Residence: No Near Wevertown Md St., Ward Washington Co.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, end yeer) Apl. 18, 1915

7. AGE Yeers	Months	Days	If LESS than 1 day, hrs. or min.
24	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. N. Y. Project

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceasad last worked et this occupation (month and year) Oct 1939

11. Total time (years) spent in this occupetion

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME W H Phillips

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Lillie R Lowe

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT W. H. Phillips (Address) Weverton Md

18. BURIAL, CREMATION, OR REMOVAL Place Harrolds Mill Md Date Oct 11, 1939

19. UNDERTAKER C. H. Teete & Bro (Address) Brunswick Md

20. FILED Oct 9, 1939 Wm H. L. Hodgson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h elive on , 19 ; deeth is said to heve occurred on the date stated above, et 1:25 A. m.

The **PRINCIPAL CAUSE OF DEATH** and releted causes of importence were es follows:

	Date of onset
Automobile accident, near Weverton, Md.	
Fractured Neck	10-8-39
Fractured Right femur	10-8-39
Internal Injuries	10-8-39

Other **Contributory Causes** of importence:

Automobile crashed into a concrete bridge, as it attempted to round a curve, going at a high rate of speed.

Name of operation Date of

Whet test confirmed diegnosis? Wes there en autopsy?

23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Auto Accident Date of Injury 10-8, 1939

Where did injury occur? Knoxville, Md. (Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. Public Highway

Menner of Injury Automobile accident

Neture of injury

24. Wes disease or injury in eny wey related to occupation of deceased? No

If so, specify

(Signed) Howard W. Ash M. D.

(Address) Frederick, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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NOV 4 1933
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (57)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

10041

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, ~~hospital, or institution~~ 123 E. Patrick

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 84 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick Co.

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 123 E. Patrick (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Allen Geo. Duynn

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Male

5. Color or race White

6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17-1855

8. AGE: Years 84 Months 3 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace Frederick Md. (Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Hardware

FATHER

12. Name Allen G. Duynn

13. Birthplace Annapolis Md.

MOTHER

14. Maiden Name Harriet Hauer

15. Birthplace Frederick Md.

16 (a) Informant Mrs. R. R. Bowers

(b) Address Frederick Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Oct. 17 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Olivet

Location Frederick Md.

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick Md.

19 (a) 17-Oct-1939 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 14th 1939, at 10 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from October 1934, to 10/14 1939, and that I last saw him alive on Oct 14th 1939.

Immediate cause of death Rheumatoid Arthritis and heart failure — Duration 10 yrs

Due to Infection which began in 1920 with abscessed Prostate gland removed 1923

Due to ~~Other conditions~~ Later developed the arthritis (Include pregnancy within 3 months of death)

Major findings: when Prostate was removed there was a resico-rectal fistula which never bedded

~~Of operations~~

~~Of autopsy~~

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm Crawford Pearson M. D. or other

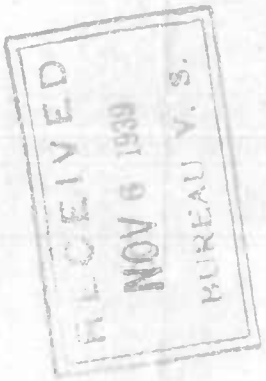
Address Frederick Md Date signed 10/17/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. W. C. Johnson



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10042

Reg. Dist. No. 144

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: Frederick

County Rural

City or town Lewistown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Frederick

City or town Lewistown Ward No. Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Luther Frederick Ransburg

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Clara I. Geesey

6(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Aug. 18th. 1862

8. AGE: Years	Months	Days	If less than one day
77	I	I4	hrs. min.

9. Birthplace Lewistown. Fredk Co. MD (Town, county, and state)

10. Usual occupation Veterinarian

11. Industry or business

FATHER 12. Name Alexander Ransburg

13. Birthplace Lewistown Md

MOTHER 14. Maiden name Hannah Cronise

15. Birthplace Lewistown. MD

16. Informant Mrs Clara I. Ransburg.

Address Lewistown. MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 5th. 1939 (month) (day) (year)

Cemetery or crematory Cemetery

Location Utica. Fredk Co. MD

18. Funeral director M. L. Creager & Son

Address Thurmont. MD

19. Oct. 4 1939 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2nd. 1939, 19__; at 9P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1939, to Sept. 16 1939, and that I last saw h alive on Sept. 16 1939.

Immediate cause of death Cerebral Hemorrhage — DURATION 2 wks.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James K. Gray M. D. or other

Address Thurmont Md Date signed 10/4/39

RECEIVED
NOV 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

10043

CERTIFICATE OF DEATH

Reg. Dist. No. 13 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 309 West Second Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: ~~Baby Girl~~ Ramsburg, Mary Susan

3. (b) Social Security Number:

4. Sex: F
5. Color or race: W
6. (a) Single, married, widowed, or divorced:

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 11 Oct '39

8. AGE: Years: 0 Months: 0 Days: 0 If less than one day: hrs. min.

9. Birthplace: Frederick, Frederick, Md.
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: John Richard Ramsburg
13. Birthplace: Frederick, Md.

MOTHER
14. Maiden name: Mildred Ann Sanders
15. Birthplace: Baltimore, Md.

16. Informant: John Richard Ramsburg
Address: Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 10/11/39 (month) (day) (year)
Cemetery or ~~crematory~~: Mount Olivet
Location: Frederick, Md.

18. Funeral director: C. E. Cline and Son
Address: Frederick Md.

19. 11 Oct 1939 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Born Dead 10/11 1939, at 10 30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 11 1939, to Oct. 11 1939, and that I last saw her alive on 10/11/39 1939.

Immediate cause of death: Still Birth.

DURATION: 2 days

Due to: Ruptured Uterus

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: A. Austin Pearre M. D. or other
Address: Frederick, Md. Date signed: 10/11/39

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (22-a)

Reg. Dist. No. 131

10044

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 14 West Third

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 15 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 14 West Third (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Martha Catherine Ranneberger

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced.~~ Married

6 (b) Name of husband ~~or wife~~ Charles P. Ranneberger

6. (c) If alive, give age 90 years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1848

8. AGE: Years 90 | Months 10 | Days 27 | If less than one day _____ hr. _____ min.

9. Birthplace Nr. Adamstown, Maryland (Town, county, and state)

10. Usual occupation House-wife

11. Industry or business

FATHER 12. Name George H. Knouff

FATHER 13. Birthplace Nr. Adamstown, Maryland

MOTHER 14. Maiden Name Alenida Thomas

MOTHER 15. Birthplace Nr. Adamstown, Maryland

16 (a) Informant Mrs. Nellie Keller

(b) Address 14 W. 3rd St., Fred'k, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 3-Oct 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death October 3 1939, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-21 1939, to 10-3 1939, and that I last saw ~~he~~ alive on 10-2 1939

Immediate cause of death	Duration
Cerebral hemorrhage	9-21-39 to 10-3-39
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Frederick, Md. Date signed 10/3-39

RECEIVED
NOV 6 1938
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (117) Reg. Dist. No. 131

CERTIFICATE OF DEATH

10045

1. PLACE OF DEATH:
(a) County Frederick.
(b) ~~City or town~~ Frederick Junction Rural.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 6 mos.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick.
(c) ~~City or town~~ Rural Frederick Junction.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Loyd Leo Roberts.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex male | 5. Color or race White | 6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16 - 1939

8. AGE: Years | Months 1 | Days 13 | If less than one day hr. min.

9. Birthplace Frederick Junction Frederick md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Charles Edwards.
13. Birthplace York. P. S.

MOTHER 14. Maiden Name Florence Roberts.
15. Birthplace maryland.

16 (a) Informant Florence Roberts
(b) Address Frederick Jr. md.

17 (a) Rural. (Burial, ~~cremation, or removal~~) (b) Date thereof 10-30-39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ md. Odd Fellows Cem.
Location Frederick md.

18 (a) Funeral director Richard A. Conrad.
(b) Address Frederick md.

19 (a) 29 Oct 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 29 1939, at 5-00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 1939 to Oct 29 1939, and that I last saw him alive on Oct 27 1939.

	Duration
Immediate cause of death Cardiac enteric autointoxication	3 Days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D. or other
Address Frederick Md. Date signed 10/29/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 139

CERTIFICATE OF DEATH

10046

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town State Sanatorium (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4mo. 22days

(e) Length of stay in this community (yrs., mos., or days) same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2501 Foster Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? Unknown years

3 (a) FULL NAME Florian Rybeczynski

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bertha Rybeczynski

6. (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1889

8. AGE: Years	Months	Days	If less than one day
50	1	20	____hr. ____min.

9. Birthplace Poland (Town, county, and state)

10. Usual occupation Grocer

11. Industry or business

FATHER 12. Name Julian Rybeczynski

13. Birthplace Poland

MOTHER 14. Maiden Name Maria Malaszycki

15. Birthplace Poland

16 (a) Informant Florian Rybeczynski

(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/39 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary Cem.

Location Baltimore, Md.

18 (a) Funeral director John J. Duda

(b) Address 2829 Hudson St., Balto., Md.

19 (a) ____ (Date received by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death October 13 1939, at 10:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1939, to Oct. 13 1939, and that I last saw him alive on October 13 1939.

Immediate cause of death	Duration
Pulmonary tuberculosis	2 yrs.
Due to Tubercle bacilli	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Stewart S. Shaffer M.D. (M.D. or other)

Address State Sanatorium, Md. Date signed 10/13/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 19 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C)

Reg. Dist. No. 131

10047

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick City (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 117 E 4th St

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 2 yr 7 mo

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City ~~or town~~ Frederick City (If outside city or town limits, write RURAL and give town)

(d) Street No. 117 E 4th St (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ida May Smith

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~ Charles P Smith

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 19th 1861

8. AGE: Years 78 Months 3 Days 12 If less than one day ___ hr. — min.

9. Birthplace Frederick Co Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Housework

FATHER

12. Name George H Powell

13. Birthplace Maryland

MOTHER

14. Maiden Name Martha R Devilbiss

15. Birthplace Maryland

16 (a) Informant Mrs Nettie E Stone

(b) Address 117 E 4th Frederick

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Nov 2 39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ U B Cemetery

Location Thurmont

18 (a) Funeral director Wilhelm & Greegan

(b) Address Thurmont

19 (a) 31 Oct 39 (Date rec'd by registrar) (b) J M Lundy Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 31st 1939, at 8.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15th 1939, to Oct 30th 1939, and that I last saw him alive on Oct 30th 1939

Immediate cause of death Coronary Occlusion — Duration 40 Minutes

Due to Chronic Myocarditis — 5 Years

Due to Arterial Sclerosis — 5 Years

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank H Heder M. D. or other

Address Frederick Date signed Oct 31st 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

10048

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Near Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Rural - R.F.D. 5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 10 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) ~~City or town~~ Rural near Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. 5
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Effie Jane Speck

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~: Marion Speck

6. (c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): April 15-1873

8. AGE: Years 66 | Months 6 | Days — | If less than one day ____ hr. ____ min.

9. Birthplace: Highland Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: Geo. D. Gaver
13. Birthplace: Fred'k Co. Md.

MOTHER
14. Maiden Name: Martha Hoover
15. Birthplace: Frederick Co. Md

16 (a) Informant: Marion Speck
(b) Address: Frederick Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18-39 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet
Location: Frederick Md

18 (a) Funeral director: C. E. Colvin & Son
(b) Address: Frederick Md.

19 (a) Oct-18-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 15 1939, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1934, to Oct. 15 1939, and that I last saw ~~he~~ alive on Oct. 14 1939.

Immediate cause of death	Duration
Cerebral hemorrhage	Oct. 15-39
Due to Chronic Parenchymatous Nephritis	1934
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B O Thomas M. D. or other
Address Frederick, Md Date signed Oct. 17-39

Dr. B. O. Howard

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 139

CERTIFICATE OF DEATH

10049

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town State Sanatorium (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: State Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7mo. 15days
(e) Length of stay in this community (yrs., mos., or days) same

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2801 Matthews Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Henry Stinefelt, Jr.

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1905

8. AGE: Years 34 | Months 2 | Days 1 | If less than one day ____hr. ____min.

9. Birthplace Maryland (Town, county, and atate)

10. Usual occupation Oil burner service man

11. Industry or business

FATHER
12. Name Charles Henry Stinefelt
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Margaret Callahan
15. Birthplace Maryland

16 (a) Informant Charles Henry Stinefelt, Jr.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director M. L. Creager
(b) Address Thurmont, Md.

19 (a) 10/1/39 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. Date of death October 1 1939, at 9:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1939, to Oct. 1 1939, and that I last saw him alive on Oct. 1 1939.

	Duration
Immediate cause of death Pulmonary tuberculosis	9 mos.
Due to Tubercle bacilli	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stewart S. Shaffer M.D. M. D. or other

Address State Sanatorium, Md. Date signed 10/1/39

ECEIVED
NOV 4 1939
UREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

10050

1. PLACE OF DEATH:
(a) County Frederick
(b) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 324 Madison
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 75yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 324 Madison
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Emma Catherine Tobery

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: Married

6 (b) Name of husband ~~or wife~~: Otho E. Tobery

6. (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1856

8. AGE: Years 83 | Months 10 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace Nr. Jefferson, Maryland
(Town, county, and state)

10. Usual occupation House-wife

11. Industry or business

FATHER
12. Name Addison Darr
13. Birthplace Nr. Jefferson, Maryland

MOTHER
14. Maiden Name Rose Ann Stine
15. Birthplace Nr. Jefferson, Maryland

16 (a) Informant Otho E. Tobery
(b) Address 324 Madison St., Fred'k, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/18/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Md.

19 (a) 16 Oct 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death October 15, 1939 at 1:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24th 1939, to Oct 15th 1939, and that I last saw ~~him~~ her alive on Oct 14th 1939.

Immediate cause of death	Duration
Carcinoma of Liver	Unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert S. Tyson
M. D. or other
Address Frederick, Md. Date signed 10/16/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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NOV 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10051

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (131)

County Fredrick — Registration Dist. No. 134

Village or City Emmitsburg, Md — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob L. Topper — If U. S. Veteran, specify WAR. None

(a) Residence: No. — St., — Ward. Social security None

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
m	white	widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Addie Wagerman

6. DATE OF BIRTH (month, day, and year) August 10, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Funeral Director

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1932 — 11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) Adams Co. Pa.

FATHER

13. NAME James B. Topper

14. BIRTHPLACE (city or town) (State or country) Adams Co, Pa.

MOTHER

15. MAIDEN NAME Mary Storm

16. BIRTHPLACE (city or town) (State or country) Adams Co, Pa.

17. INFORMANT Robert R. Topper

(Address) Emmitsburg, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St Joseph Cemetary Emmitsburg Md. Date Oct 30, 1939

19. UNDERTAKER S. L. Allison

(Address) Emmitsburg, Md.

20. FILED Oct 29 1939 M. F. Shuff

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 26 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1937, 19 to Oct 26, 1939

I last saw him alive on Oct 25, 1939; death is said to have occurred on the date stated above, at 1-30 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
arteriosclerotic cardio-vascular renal disease - generalized	
Uraemia	Oct 22, 1939

Other Contributory Causes of Importance:

Name of operation None — Date of

What test confirmed diagnosis? Clinical exam. — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. R. Cadle M. D.

(Address) Emmitsburg Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10052

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 days

Stay in this community (yrs., or mos., or days) 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Emmitsburg Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Freiber, Dr. William N-

3. (b) Social Security Number —

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary Agnes Richter

6(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Jan 1 - 1877

8. AGE: Years: 62 yrs. Months: 9 Days: 13 If less than one day: ____ hrs. ____ min.

9. Birthplace: Cumberland Md (town, county, and state)

10. Usual occupation: Druggist

11. Industry or business: Own Store

FATHER 12. Name: Howard M. Greiber

FATHER 13. Birthplace: Cumberland Md

MOTHER 14. Maiden name: Frances Shuffer

MOTHER 15. Birthplace: Austria

16. Informant: Mrs. Wm. Greiber

Address: Emmitsburg Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 17-1939 (month) (day) (year)

Cemetery or crematory: Mountain View

Location: Emmitsburg Md.

18. Funeral director: H. L. Allison

Address: Emmitsburg Md.

19. 14 Oct 1939 (Date rec'd by registrar) Mary J. McSurely Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 14 1939, at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 11 1939, to Oct. 14 1939, and that I last saw him alive on Oct. 14 1939.

	DURATION
Immediate cause of death: Acute Nephritis	10 days
Due to: Influenza	2 weeks.
Due to:	
Other conditions: Myocardial Insufficiency	1 wk.

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: A. Gustin Pearre M. D. or other

Address: Frederick, Md. Date signed 10/14/39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (73-C) Reg. Dist. No. 131

CERTIFICATE OF DEATH

10053

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Bloomfield (rural)
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 80 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) ~~City or town~~ Bloomfield (rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Phebe Ann Elizabeth Wachter

3 (b) If veteran, name war: None
3 (c) Social Security No.: None

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, ~~or divorced~~.: Widowed

6 (b) Name of husband ~~or wife~~: Howard M. Wachter
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1858

8. AGE: Years 81 | Months 5 | Days 18 | If less than one day ____hr. ____min.

9. Birthplace Lewistown, Frederick Co., Maryland
(Town, county, and state)

10. Usual occupation Retired Housewife

11. Industry or business

FATHER
12. Name Daniel Geesey
13. Birthplace Frederick Co., Maryland

MOTHER
14. Maiden Name Mary Elizabeth Bowers
15. Birthplace Frederick Co., Maryland

16 (a) Informant Mrs. Calvin Wachter
(b) Address Bloomfield, Maryland

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Oct. 22, 39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Zion Reformed Cemetery
Location Bloomfield, Maryland

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Maryland

19 (a) 20-Oct-1939 (Date rec'd by registrar) (b) Dora J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 19 1939, at 8:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1934, to Oct 19 1939, and that I last saw him alive on Oct 19 1939.

	Duration
Immediate cause of death Senility	?
Due to Chr. Myocarditis	?
Due to	
Due to	
Other conditions Exhaustion	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Laurence Fahrney M.D. (M. D. or other)
Address Frederick Md Date signed Oct 20-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Fahrney

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

10054

CERTIFICATE OF DEATH

Reg. Dist. No. 647

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Rural near Mt. Airy, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 23 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Rural near Mt. Airy Ward No. Md
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.D. # 2
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Carrie Virginia Wilson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife W. H. Harry Wilson (deceased)

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 5, 1851

8. AGE:

Years	Months	Days	If less than one day
88	6	2	____ hrs. ____ min.

9. Birthplace near Thurmont, Frederick Co. Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Edward Six
13. Birthplace Maryland.

MOTHER
14. Maiden name Susanah Statler
15. Birthplace Maryland.

16. Informant Mrs. Anna V. Smelser

Address R.D. #2 Mt. Airy, Md

17. Burial Date thereof Oct. 9 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Linganore Cemty

Location Unionville, Fred. Co. Md.

18. Funeral director C. M. Walter

Address Winfield, Md.

19. Oct 8 1939 Archie R. Mehrmert
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 7, 1939, at 4:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1935 to Oct 7 1939, and that I last saw h er alive on Oct 6, 1939.

Immediate cause of death Cardiac Decompensation — CURATION Sept 6, 1939

Due to Chr. Myocarditis — ?

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE J. Stanley Grabill
M. D. or other

Address Mt Airy, Md Date signed 10/7/39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92a)

Reg. Dist. No. 131

10055

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 105 East Fourth

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 60yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 105 East Fourth (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Edward Henry Wittler

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Male

5. Color or race White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widower

6 (b) Name of ~~husband or~~ wife Bessie H. Daniels

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1868

8. AGE: Years 71 | Months 0 | Days 8 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick County Maryland (Town, county, and state)

10. Usual occupation Retired Laborer

11. Industry or business

FATHER
12. Name Albert Wittler
13. Birthplace Germany

MOTHER
14. Maiden Name Frederica Lohman
15. Birthplace Germany

16 (a) Informant Mr. A. Melvin Seeger

(b) Address 105 E. 4th St., Fred'k, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/13/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 13-Oct-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death October 11, 1939, at 3:50P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1938, to Oct 11th 1939, and that I last saw him alive on Oct 11th 1939

Immediate cause of death

Arteria Schlerosis — Duration 10 years

Due to Chronic Valvular Heart Lesion — 10 years

Due to Embolism of Shut of Circulation of Rt leg below — 24 hours

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank H. Hedges M. D. or other

Address Frederick, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 6 1939
BUREAU V. S.

South.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10056

WITHIN CORPORATE LIMITS

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Frederick Registration Dist. No. 141

Village or City Brunswick No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lottie Evelyn Woods If U. S. Veteran, specify WAR

(a) Residence: No. 28 East F St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond C. Woods

6. DATE OF BIRTH (month, day, and year) November 14, 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sandy Hook Md.

FATHER

13. NAME James Dillow

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Martha Cage

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Raymond C. Wood (Address) Brunswick, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Park Heights Date Oct 7, 1939

19. UNDERTAKER C. H. Fiete & Bro. (Address) Brunswick, Maryland.

20. FILED Oct 8, 1939 Mrs H L Hedges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 4 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1939, to , 19; that I last saw h alive on Sept 26, 1939; death is said to have occurred on the date stated above, at 6 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary	?

Other Contributory Causes of Importance:

Name of operation None Date of

Whet test confirmed diegnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. D.

(Address) Brunswick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8) Reg. Dist. No. 131

CERTIFICATE OF DEATH

10057

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick - Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) ~~City or town~~ Doubs Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. Rural
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Infant (Premature) Young

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Still born

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 5 - 1939

8. AGE: Years	Months	Days	If less than one day
0	0	6	0 hr. 0 min.

9. Birthplace Frederick Co. Md.
(Town, county and state)

10. Usual occupation Infant.

11. Industry or business

FATHER 12. Name Lewis Arthur Young

13. Birthplace Frederick Co. Md

MOTHER 14. Maiden Name Ardella Virginia Lee

15. Birthplace Frederick Co. Md

16 (a) Informant Evangeline Rice R.N.

(b) Address Emergency Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/6/39 (month) (day) (year)

(c) Cemetery or crematory Colored Cemetery

Location Woods & Douglas

18 (a) Funeral director M. R. Eckman & Son

(b) Address Frederick, Maryland

19 (a) 6-ad 39 (Date rec'd by registrar) (b) J. M. Grundy Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 5 1939, at 8 30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1939, to Oct 5 1939 and that I last saw him alive on Oct 5 1939.

Immediate cause of death	Duration
Still born (5 months fetus)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B O Thomas M. D. or other

Address Frederick, Md Date signed Oct. 5 39

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

10958

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: State Sanatorium
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 1yr. 2mo. 14days

(e) Length of stay in this community (yrs., mos., or days): same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County: Montgomery

(c) City or town: Kensington
(If outside city or town limits, write RURAL and give town)

(d) Street No.: 27 Perry Avenue
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME**: Elsie Marie Young

3 (b) If veteran, name war:

3 (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James C. Young

6. (c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): June 13, 1916

8. AGE: Years: 23 | Months: 3 | Days: 20 | If less than one day: _____ hr. _____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: Charles F. Tilp

13. Birthplace: Washington, D. C.

MOTHER

14. Maiden Name: Mary Nicholson

15. Birthplace: Wisconsin

16 (a) Informant: Elsie M. Young

(b) Address: Kensington, Md.

17 (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 10/6/39
(month) (day) (year)

(c) Cemetery or crematory: Rock Creek Cemetery

Location: Washington, D. C.

18 (a) Funeral director: M. L. Creamer & Son

(b) Address: Thurmont, Md.

19 (a) 10/3/39
(Date received by registrar)

(b) _____
Registrar

MEDICAL CERTIFICATION

20. Date of death: October 3 19 39 at 5:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 19 38 to Oct. 3 19 39, and that I last saw him alive on Oct. 3 19 39.

	Duration
Immediate csuse of death: Pulmonary tuberculosis	18 mos.
Due to: Tubercle bacilli	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: Stewart S. Shaffer M.D.
M. D. or other

Address: State Sanatorium, Md. Date signed 10/3/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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